



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING
BUREAU OF EMERGENCY MEDICAL SERVICES**

Richard M. Flynn
Commissioner

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**TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING**

**August 10, 2005
Richard M. Flynn Fire Academy
Concord, New Hampshire**

Members Present: John Sutton, MD, John DeSilva, Sharon Phillips, RN, Mike Pepin, EMTP, Kathy Bizarro, Joe Mastromarino, MD, Nick Mercuri, RN, EMTP,

Guests: Janet Houston, Bill Brown, Richard Ciampa, Donna Clark, Noreen LaFleur, Nancy Sears-Russell, Wes Russell

Bureau Staff: Clay Odell, EMTP, RN

I. Call to Order

The meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:30 am on Wednesday August 10, 2005 at the Richard M. Flynn Fire Academy in Concord, NH.

Item 1. Introductions: Attendees introduced themselves.

Item 2. Minutes. The minutes of the June 2005 meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting. There was no discussion regarding the minutes.

II. Committee Discussion Items

Item 1. NH Bureau of EMS Update: Bureau Chief Sue Prentiss was unable to attend today's meeting. Clay distributed her report for members to read at their leisure and went over some highlights of the report.

The report discussed two pieces of state legislation affecting EMS and noted that both had been approved by the legislature and signed into law by Governor Lynch. HB 257 deals with EMS Protocols and Rulemaking as well as quality improvement. SB 88 enables some hospitals to allow emergency nurses to function as one of two providers on an ambulance for interfacility transfer. The Bureau is currently writing interim rules and a training program.

Clay indicated that the implementation of the TEMSIS project is progressing well.

Item 2. Renewal and Hospital Updates Cheshire Medical Center and Concord Hospital submitted their applications for renewal of trauma assignment. The applications were reviewed and discussed by the TMRC. The members voted unanimously to approve Concord Hospital's application for renewal as a Level II trauma hospital. The members voiced some concerns regarding the Cheshire Medical Center application. It was voted to defer further action on that application pending Dr. Sutton and Clay Odell having a discussion with the trauma leadership at Cheshire Medical Center.

Item 3. Trauma Grant Clay reported that the Bureau's HRSA Trauma/EMS Program grant application was approved. It is a three year grant with funding for the first year of \$35,703.00. Clay distributed copies of the abstract to the group and said he would email the full grant to members, regularly attending guests and anyone else who was interested. The grant specified that the grantee address four "goals" to improve the state trauma system. The "objectives" are our working plan to achieve progress in those areas. The full grant narrative indicates more specific action steps broken down by year.

GOAL #1: Improve the state trauma system infrastructure. OBJECTIVES:

- Conduct a retreat for the TMRC to consider the role of the TMRC and the strategic plan for the NH Trauma System and discuss issues concerning the need to update the NH Trauma System Plan.
- Conduct a one-day annual trauma system stakeholders conference.
- Continue the process of conducting prehospital trauma triage and transport educational programs throughout the state.

GOAL #2: Coordinate and complete the 2005 National Assessment of Trauma Systems, EMS Resources, and Disaster Readiness and state self-assessment tool. OBJECTIVES:

- Obtain funding to hire a part-time person to review the assessment tools, conduct the reviews and report findings to the TMRC.
- Continue the participation of the NH Trauma Coordinator in the annual State Trauma Leadership Conference.

GOAL #3: Revise the NH Trauma System plan. OBJECTIVES:

- Distribute the Model Trauma System Plan and Evaluation document to the TMRC.
- Develop and deliver an educational program for the TMRC on the new national Model Trauma System Plan and Evaluation document.

GOAL #4: Evaluate the trauma-related data available in NH and consider improvements to the trauma data collection process. OBJECTIVES:

- Review trauma data from statewide electronic EMS patient care records.
- Convene a stakeholders group to assess current hospital trauma registry data available and how to use that information. Develop a survey instrument to determine hospital trauma registry infrastructure.
- Assess and review commercial products available for hospital-based trauma registry.

III. Old Business

Item 1. Interfacility Transport Task Force Clay reported that the Interfacility Transport Task Force continues to meet and work on a variety of issues to improve interfacility transport in the North Country. The next meeting is scheduled for August 30th at Littleton Regional Hospital.

Item 2. Trauma Conference Clay reports that the planning committee has met and formed a theme for this year's trauma stakeholder's conference. The title for the 5th annual conference will be "Trauma Team Tactics for Today", and will focus on establishing and/or enhancing trauma teams.

The planned presentations include:

Why every hospital can benefit from an organized trauma team

Trauma team organization, roles, tips, and resources

Team resource management for trauma teams

Trauma team demonstration using high tech simulation

Breakout sessions on neuro care by general surgeons, TEMSIS data demo, hospital incident command/MCI

Elliot Hospital is partnering with us again and will be providing physician CME for the conference.

IV. New Business

Item 1. NH Trauma Plan Hospital Standards Corrections In working with hospitals preparing for renewal of assignment several errors were noted in the hospital standards matrix. Clay asked the TMRC to consider changing those standards.

Under the category Operating Room Staff Availability the standards indicate that a Level II facility must have an "in-house OR staff immediately available 24 hours per day". None of the Level II's in NH have met that standard and this is probably not a reasonable expectation of Level II facilities in NH. A motion was made to revise the standard to reflect a Level II facility must have an OR team on-call and promptly available. The term "on-call and promptly available" is described in the General Surgery section as arrival within twenty minutes of notification. Motion passed.

Also under this section is the requirement for a "registered nurse available in the OR at all times". Motion made to add the words "during surgery" for clarity. Motion passed.

Further under this section is the requirement for CNOR certification for all RN's in Level I and II. Motion made to classify this requirement as "desired" for all Levels, to be consistent with RN certification requirements in other sections. Motion passed.

Under the category Post Anesthesia Recovery Unit the standards currently state, “registered nurses and other essential personnel...24 hours a day” for Level I, II and III. Motion made to add the word “available” before “24 hours a day” to indicate that this resource was not required on-site 24 hours a day and that there is usually not the time urgency in getting a PACU staffed. Motion passed.

Under the category Intensive Care Units for Trauma Patients a motion was made to change the requirement for CCRN certification for nurses to D-desired for all Levels to be consistent with RN certification requirements in other sections.. Motion passed.

Under the category Radiology Special Services a motion was made that the item requiring “CT technician in-house 24-hours a day” for a Level II and III facility, which currently is E-essential should be changed to read D-desired with an asterix which will reflect that the resource must be on-call and promptly available. Motion passed.

A motion was made to change the requirement for “In-house radiology technician 24-hours a day”, currently listed as a D-desired for a Level III be changed to a D-desired with an asterix reflecting that the resource must be on-call and promptly available. Motion passed.

V. Public Comment

The Air Medical Transport Utilization Review Subcommittee will be meeting today at noon.

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:50. He advised the group that the next meeting of the Trauma Medical Review Committee will be held at the Richard M. Flynn Fire Academy on Wednesday October 19, 2005.

Respectfully submitted:

Clay Odell, EMTP, RN
Trauma Coordinator